

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKPATRICIA VENNER PRO SE

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

NEW YORK CITY AND 7TH PCT. POLICE  
DEPT. OFFICE MILLER, KRMOLAN.NOTICE OF REMOVAL  
FROM STATE ACTION  
TO FEDERAL COURT  
COMPLAINTJury Trial:  Yes  No

(check one)

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S.D. OF N.Y.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name PATRICIA VENNER  
 Street Address REDACTED  
 County, City REDACTED  
 State & Zip Code REDACTED  
 Telephone Number REDACTED

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name NEW YORK CITY (CITY OF NEW YORK)  
 Street Address 100 CHURCH STREET 10007

County, City 7th PCT  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 2 Name OFFICER MILLER (REFUSED TO GIVE FIRST NAME OR SHIELD  
 Street Address 7th PCT

County, City \_\_\_\_\_  
 State & Zip Code 10002  
 Telephone Number \_\_\_\_\_

Defendant No. 3 Name OFFICER VAHAGH KRMLOYAN  
 Street Address 7th PCT  
 County, City \_\_\_\_\_  
 State & Zip Code 10002  
 Telephone Number \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions  Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? U.S.C. § 1331, ARTICLE VIII (CRUEL AND UNUSUAL PUNISHMENT INFILCTED UPON PLAINTIFF, ARTICLE IV - THE RIGHTS OF THE PEOPLE AGAINST UNREASONABLE SEIZURES.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

## III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? INSIDE AN CO-OP APARTMENT BUILDING

B. What date and approximate time did the events giving rise to your claim(s) occur? ON 9-14-16 ABOUT 10:15 PM

C. Facts: A PERSON ALLEGED LIVED NEXT DOOR, PULLED A 12 INCH KNIFE OUT FROM THE APARTMENT HOLDING UP OVER HER HEAD LOOKING AT ME, I FOUND A STICK TO DEFENDED MYSELF, I WAS PUNCHED IN THE FACE WITH A CLOSED FIST, WAS ARREST UNDER FALSE CHARGES, HELD OVER 26 HOURS IN A CELL, HAD NO CLEAN WATER TO DRINK, WAS HELD AS LAST PERSON TO LEAVE THE COURT, THE TWO OFFICERS MADE OUT A FALSE REPORT AGAINST MYSELF, PLANTED FALSE ALLEGED EVIDENCE OF A STICK USED ON REYS, ALL FALSE INTENT THE PERSON ALLEGED LIVING NEXT DOOR, JACQUELINE REYS WHO WAS HOLDING THE 12" KNIFE, THAT, STARTED DISTURBANCE BY BANDING ON THE DOOR WITH A HEAVY POT, TAKING AWAY SOME OF THE PAINT, LEAVING A RING.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

THE CO-OP SECURITY, ARRIVED ABOUT 5 MIN. LATER, MY SISTER

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. PLAINTIFF RECEIVED TREATMENT IN TPC. LOCK UP CELL, WHERE SHE SET FOR ABOUT FOUR HOURS, WAS PHOTOGRAPH, FINGER, PRINTER, AFTERWARD DENIED A CALL TO HER PCT (PSA 4), TRANSPORTED TO CRIMINAL COURT CELL UNTIL ABOUT 1 AM 9-16-13, PLAINTIFF WAS HELD OVER 26 HOURS, BECAME DEHYDRATED REQUESTED WATER, WAS TOLD BY GUARDS THERE WAS NO WATER, BUT THE WATER USED FROM A DIRTY SINK USED FOR WASHING HANDS AFTER USE OF TOILET, SHE HAD NO FOOD, OFFICER MILLER, REMOVED THE STICK FROM OUR APARTMENT WITHOUT A WARRANT TO SEIZE THE STICK, THAT HE INTENTIONALLY USED AS FALSE PLANTED EVIDENCE, FALSE REPORT MADE AGAINST HER

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. PLAINTIFF PRAYS THAT SHE BE AWARDED FOR THE WRONGFUL AND INTENTIONAL ACTS COMMITTED BY THE DEFENDANTS FOR IT'S WILLFUL MISCONDUCT IN THE AMOUNT OF \$600,000

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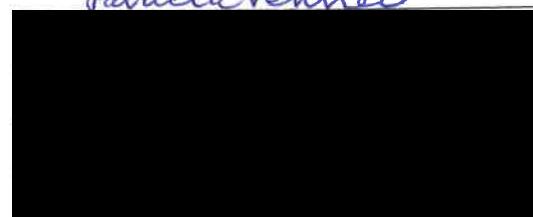
I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of JULY, 2016.

Signature of Plaintiff

Mailing Address

Patricia Venner



Telephone Number

Fax Number (if you have one) \_\_\_\_\_

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_